

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**34899**  
Do not use this space.

REC'D NOV 21 1938

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 299  
 (b) Township Tan. Primary Registration District No. 1007 Registered No. 4235  
 (c) City Kansas City (d) Street No. Whitely Shop St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 1205-E-1231 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belatrice Johnson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1886  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 10 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mound City Kansas

FATHER 13. NAME Mass Dimmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Alma Foster 607 J. Street Atchison

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound City Kans DATE Oct 31 1938

19. FUNERAL DIRECTOR (ADDRESS) Nathan J. Shelton 1528 N. 5th St

20. FILED Oct 30 1938 M. M. Crows Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9 1938, to Oct. 27 1938

I last saw her alive on Oct 26 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Abscess of the Sine  
flow

Date of onset

Other contributory causes of importance:

Fall

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Blood cultures Were an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, ~~in industry~~ Date of injury 1938  
 Where did injury occur? at Home 1400 Forest  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at Home Fall in the Bath tub  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Eugene P. Chatman M. D.  
 (Address) 2200 East 18th St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

\_\_\_\_\_ Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**